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# DISABLED NAVAJO INDIANS AND REHABILITATION--AN ANTHROPOLOGICAL OVERVIEW.

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THE NAVAJO REHABILITATION PROJECT STUDIED THE REACTIONS OF THE NAVAJO TO ILLNESSES AND DISABILITIES. THE PURPOSES OF THIS REPORT WERE (1) TO PROVIDE CERTAIN FACTS AND VIEWPOINTS FOR REHABILITATION PROJECT WORKERS, (2) TO PROVIDE SUMMATIONS OF TYPICAL CASE HISTORIES, (3) TO SUGGEST AVENUES OF FUTURE RESEARCH, (4) TO ILLUSTRATE THAT COOPERATIVE EFFORT CAN BRING SUCCESS IN THE SOLUTION OF DISABILITY PROBLEMS, AND (5) TO ASSEMBLE A PRELIMINARY SYNTHESIS FOR FUTURE RESEARCH. DATA WERE COLLECTED FROM CASE FILES OF THE NAVAJO REHABILITATION PROJECT, OBSERVATIONS AND NOTES OF THE STAFF, COMMUNICATIONS WITH ANTHROPOLOGISTS, AND PUBLICIZED STUDIES. THE STUDY CONCLUDED THAT (1) DISABLED NAVAJO INDIVIDUALS HAVE BEEN NEGATIVELY VALUED, SINCE SUCH PERSONS ARE THE OPPOSITE OF THE IDEAL, HIGHLY-VALUED NOTION OF THE NAVAJO SELF-IMAGE, (2) A MORE POSITIVE ATTITUDE IS EMERGING DUE TO CHANGES IN THE DISABLED INDIVIDUAL'S ECONOMIC ROLE, (3) THERE IS A CULTURALLY SIGNIFICANT HIERARCHY OF DISABILTIY, SEVERITY, AND RESULTANT CEREMONIAL CONNOTATIONS, AND (4) SOME ATTITUDES TOWARD THE NAVAJO DISABLED ARE NOT TOO DIFFERENT FROM ANGLO ATTITUDES. CASE STUDIES, RECOMMENDATIONS FOR FUTURE RESEARCH, AND APPENDIXES ARE PRESENTED. (SF)

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# DISABLED NAVAJO INDIANS AND REHABILITATION:
## AN ANTHROPOLOGICAL OVERVIEW

Navajo Rehabilitation Project Technical Report No. 2

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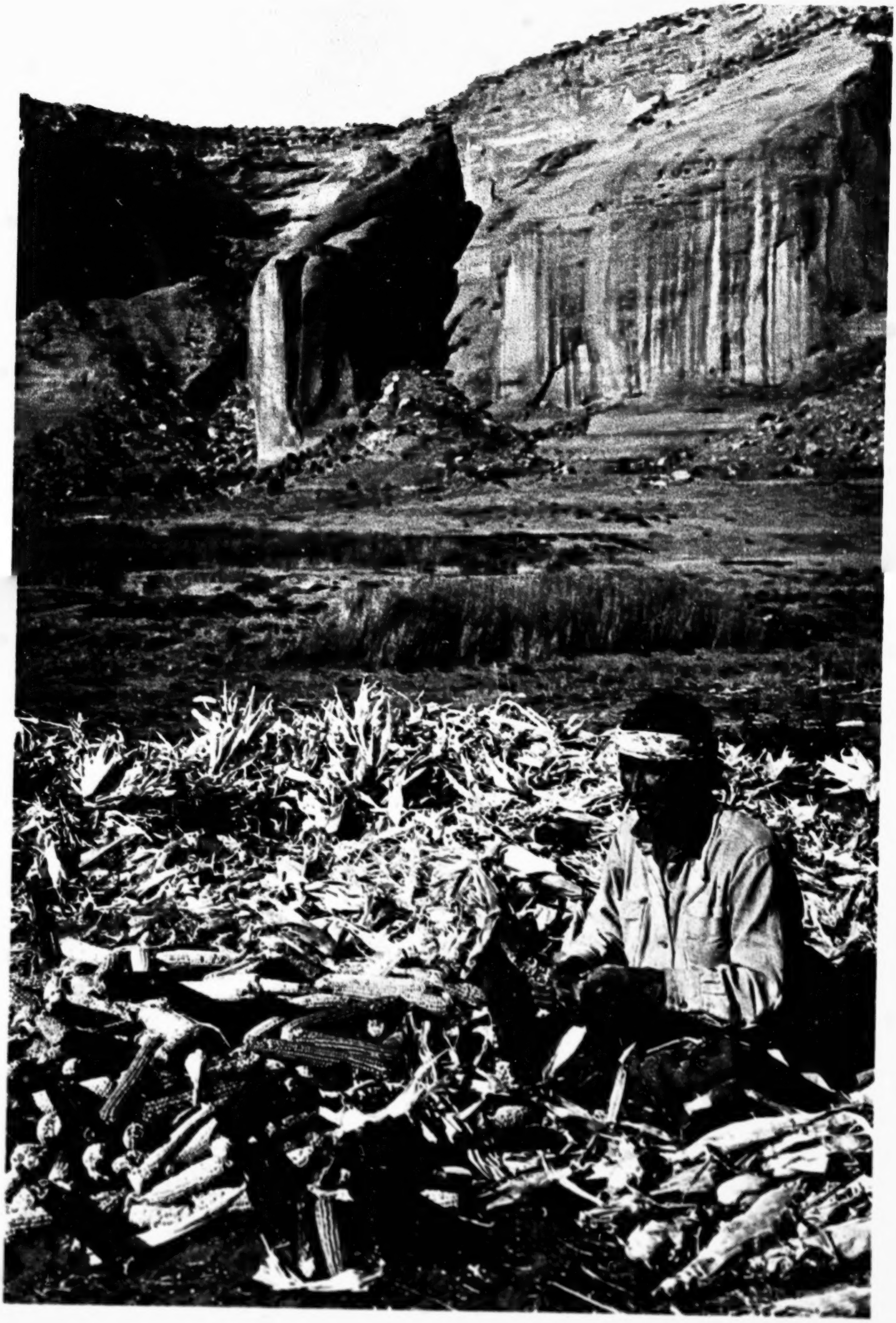
**The Navajo, except perhaps those around Fort Defiance, are a healthy tribe. The country they inhabit is among the most salubrious regions in the Southwest.**

**Ales Hrdlicka (1908:179)**

**Picture on opposite page:**

Blind Navajo man husking corn in Canyon de Chelly, Arizona. Photo courtsey:

Ray Manley, Tucson



## PREFACE AND ACKNOWLEDGEMENTS

It has been stated by modern medical and anthropological researchers that:

> By the time the [Navajo] child arrives at school at five or six years of age, much of what is going to happen [with respect to personal health] has already happened and he is a "veteran" of human disease. He may be infected with tubercle bacilli, may be deaf from streptococcal infections of the ear, may have some visual difficulties because of trachoma, and may have been walking since infancy with a congenitally dislocated hip (McDermott and others 1960:281-2).

If such a child achieves adulthood with a similar combination of physical difficulties, he will be one of a large but undescribed group of disabled Navajo individuals.

While Navajo culture has received considerable attention from anthropologists and others, one aspect, that of the disabled in Navajo life, has not. The recent establishment of the Navajo Rehabilitation Project on the campus of Northern Arizona University (formally Arizona State College) has been one attempt to deal with the Navajo disabled in terms of rehabilitation with an assumed goal of integrating them into modern American society. This Project and its allied components were direct efforts toward the economic and self-image rehabilitation of Navajo disabled individuals and involved evaluation of skills, psychometric testing, training in work situations, and other procedures (see Peterson, 1963, 1964; Anonymous 1965).

As part of Program research, a brief study of disabled individuals was begun in 1964 by the author and Dr. William Griffen, both part-time Research Anthropologists of the staff. We were also members of the Department of Anthropology, Northern Arizona University. Prior to this time, Dr. Ralph Luebben, (now a member of the Department of Anthropology, Colorado State Women's College), and Mr. Charles C. Case, (Department of Anthropology, Northern Arizona University), held similar positions and initiated anthropological research on other topics. These men developed an acculturation questionnaire, similar to Appendix C, which was administered to some clients. While their work was not carried to conclusion, it has provided a base for other studies such as that reported here.

The present paper is a report of research completed by the author, since Dr. Griffen discontinued his activities with the Program. While he has not participated in the preparation of this report, much of the basic data gathering and research design was greatly aided by his efforts. Dr. Griffen and those persons mentioned below, however, are not to be held responsible for statements, opinions, and interpretations within this report.

Grateful acknowledgement is made to the following persons for their interest, efforts, and cooperation:

Dr. Jerold Levy
Mr. Lawrence Powers
Mr. David M. Brugge
Mrs. Lisbeth Eubank
Mr. Charles C. Case

To other staff members, Navajo clients, and colleagues, thanks must be extended for their insights, observations, and statements.

R.E.K.

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## CHAPTER I

## INTRODUCTION

Even though the ethnographic data about the Navajo Indians of north-eastern Arizona and north-western New Mexico is voluminous, little research has been accomplished regarding the social role, treatment, and personal characteristics of the Navajo disabled. Certainly students of Navajo culture have stated that disabled Navajo individuals are negatively valued since such persons are the opposite of the ideal, highly-valued notion of Navajo self-image. As the Leightons stated over twenty years ago:

> In general, Navahos have an uneasy feeling about people who show some physical deformity. This may be related to their fear of witchcraft and result in their thinking that since such a person cannot do very much because of the deformity, he may try to exert power or gain riches in an abnormal way. Their fear is probably in part due to feeling that since the deformed are out of harmony with the forces of nature, contact with them may bring disharmony to one's own life, according to the general principle of contagious magic...Their uneasiness is doubtless also linked with their admiration of physical perfection, a point of view said to have been dictated by the Holy Beings (1944:61).

Physical deformity or disability may be accompanied by poverty, a negative personality, and low social prestige. The effect of these physical and non-physical disvalued characteristics on Navajo life has been described by Albert as follows:

> ...deformity or ugliness with the consequent likelihood of sexual and social rejection, clothes so poor that one would not want to be seen at a sing, and a bad temper which alienates friends, are both misfortunes or vices, closing off the channels which lead to the realization of the good life (1956:246).

Such comments can be found in the literature of Navajo ethnography, but rarely are individuals discussed, disabling conditions described, or status and role positions compared.

## Purpose of Report

This report, as a presentation of limited data regarding the Navajo disabled, has several purposes:

1. To provide interested Rehabilitation Project workers with certain facts, inferences, and viewpoints so that they may perform their functions with greater background knowledge;
2. To provide anthropologists, medical personnel, and others with summations of some typical case histories on which to base future statements as those quoted above;
3. To suggest avenues of future research by interested persons;
4. To illustrate that fruitful cooperative effort may be enjoyed by anthropologists, rehabilitation workers, medical personnel, and disabled native Americans in the search for possible solutions to personal and cultural problems of disability;
5. To assemble certain data in a preliminary synthesis so that future researchers may proceed more effectively.

The report has been titled "Disabled Navajo Indians and Rehabilitation: An Overview" to indicate that it is not a complete study of the topic. Rather, it is concerned with attempting to answer, in general terms, selected research questions about Navajo disabled persons such as the following:

1. Are today's Navajo disabled persons generally rejected, accepted, or protected by their families and relatives?
2. What is their role in modern Navajo society? Have the status and role positions of Navajo disabled persons changed through time?

3. Is there a hierarchy of severity in the Navajo attitude toward disabilities?

4. How similar is the Navajo attitude to modern Anglo attitudes toward the disabled and disabilities?

Discussions of these questions are to be found below.

## Sources and Limitations of Data

Sources of data are from four areas: the case files of the Navajo Rehabilitation Project, observations and notes of staff, communications with anthropologists and other students of the Navajo, and various published studies. No ethnological field work was done on the Navajo Reservation since teaching obligations, limited research monies, and limited time prevented such work. Of course it is recognized that data sources have limitations which may affect the validity of the report.

### NAVAJO REHABILITATION PROJECT CASE FILES

As of March, 1966, the names of 219 disabled Navajo individuals were known to the Project. Of this number, ninety had received some intake service such as an interview or home visit but had not entered the Project. An additional eighty-six had been declared medically eligible and had entered the Project for rehabilitation services; it is from this group that most of the data utilized were derived (see Table 1). All but one of these persons are from Arizona communities (for locations, see Figure 1). As may be seen in Table 1, 80 per cent of the sample group are males. Case files are composed of several sections; a Basic Medical Physical Examination, usually completed by a United States Public Health Service doctor, a Social and Basic Medical Summary, completed by the referring agency or the Intake Counselor of the Project, case notes on the client's progress or staff decisions, summaries of Project psychometric, vocational shop, personal adjustment, and educational evaluations, and miscellaneous information, such as letters, transcripts, police records and the like. Even though an attempt was made to assemble all pertinent information about an individual, the case files often are limited to the basic sociological and medical data and some evaluation summaries.

Often there are discrepancies in client data, and detailed observations of client and family attitudes toward rehabilitation efforts are sometimes absent.

## Communications from other Anthropologists, Observations by Project Staff, and Anthropological Literature

Letters were sent to several anthropologists well known for their contributions to Navajo health studies asking for their aid. Most replied and a few letters contained very cogent remarks (see Appendix B). For several months, staff members were asked to record actions, statements, or other indications of client attitudes toward themselves, other clients, or their personal rehabilitation plans. Some staff members were more diligent in observing than others, and a few valuable notes were made. The anthropological literature occasionally contains pertinent data, but usable information is scattered among many monographs and articles.

## Methodology and Organization of Report

The methodology followed was to gather information from the four data sources in order to answer the research questions given above. While this report is considered tentative and incomplete because of limitations of available data, selective factors affecting the sample, and non-utilized research procedures, it is thought that a generalized picture of the Navajo disabled may be seen which will be of interest and help to various researchers and workers. The remainder of the report includes a brief discussion of the etiology and treatment of disabling conditions as viewed by the Navajo, native medical concepts, descriptions of typical cases in each disability category with emphasis on client and family compensation, the reaction to rehabilitation, and remarks on the factors of acculturation with certain Navajos. A Summary and Conclusions section preceeds Appendices and References. Since other aspects of Project research are to be reported elsewhere, this paper does not contain psychometric data from individual cases, discussions of on-the-job training situations, or similar subjects.

# CHAPTER II

# ILLNESS AND DISABILITY IN NAVAJO CULTURE

As many observers have noted, Navajo culture is striking in its integration of health concepts with religious concepts. While lacking the Western scientific technology and approach to illness, Navajo description of illness and herbal curing is detailed and often effective (Werner 1965, Vestal 1952:58). Although this report cannot discuss at length the parallels of Navajo health concepts with those of other cultures, it may be pointed out that similarities exist in "folk medicine" practice among some modern Americans in Vermont (Jarvis 1958), the concept of religious transgression as a cause for illness as among the Spanish-Americans of Texas (Madsen 1964:68), or malevolent causes of illness among other American Indian groups: for example, the Pueblos (Parsons 1939) or Western Apache (Basso 1963).

According to traditional Navajo attitudes...

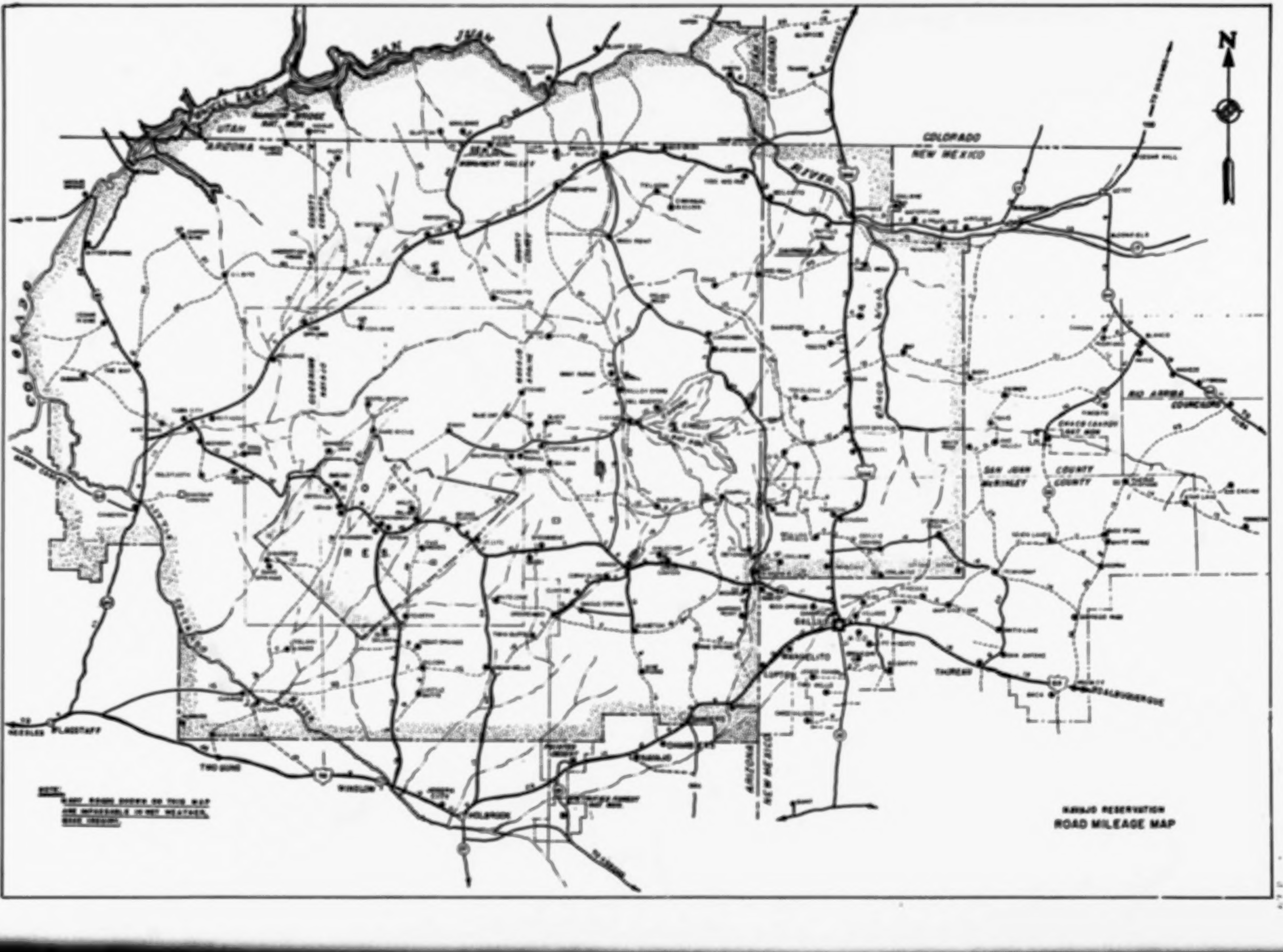
> Trouble, of any sort, is a direct consequence of a breach of the prescribed order. The basic concept of well-being may be inadequately translated *as* *beauty* or *harmony*. This term /hozhoni- "it is beautiful"/ is used to describe the balance and perfect functioning of all the parts *plus* the exalted feeling of well-being which accompanies this desired state. Whatever is not in the state of beauty may be called sickness whether it be physical, mental, social, or environmental in nature. Illness is the state of disharmony. Domestic strife, mental anguish, bad dreams, misfortune, physical illness may all be diagnosed and treated (Levy 1963:4).

### Supernatural Etiologies

In general, according to traditional Navajo belief, maladies may be caused by certain natural phenomena, a transgression or violation of prescribed behavior, certain animals,

Table 1. Categories of Disabled Navajo Clients

| Disability Category | Number of Cases | Males | Females | Average Age (years) | Married | Single | Divorced | Separated |
|---|---|---|---|---|---|---|---|---|
| 1. Cured Conditions | 14 | 13 | 1 | 31 | 8 | 6 | 0 | 0 |
| 2. Multiple Disabilities | 10 | 7 | 3 | 25 | 0 | 9 | 0 | 1 |
| 3. Mentally Retarded, Emotionally Disturbed | 5 | 3 | 2 | 25 | 0 | 4 | 1 | 0 |
| 4. Impaired Communication | 15 | 10 | 5 | 30 | 3 | 11 | 0 | 1 |
| 5. Locomotion - Manipulation | 35 | 31 | 4 | 35 | 13 | 16 | 4 | 2 |
| 6. Epilepsy - Cerebral Palsy | 7 | 7 | 0 | 28 | 1 | 6 | 0 | 0 |
| Totals | 86 | 71 | 15 |  | 26 | 52 | 5 | 4 |



N
COLORADO
NEW MEXICO
UTAH
ARIZONA
SAN JUAN
RIVER
COLORADO
ARIZONA
NEW MEXICO
SAN JUAN COUNTY
McKINLEY COUNTY
RIO ARRIBA
CHACO CANYON NAT. MON.
MONUMENT VALLEY
GALLUP
THOREAU
ALBUQUERQUE
FLAGSTAFF
NEEDLES
TWO GUNS
WINSLOW
HOLBROOK
HOPI

NAVAJO RESERVATION
ROAD MILEAGE MAP

NOTE:
MOST ROADS SHOWN ON THIS MAP
ARE IMPASSABLE IN WET WEATHER,
[illegible]

or witchcraft (Wyman and Kluckhohn 1938:13). These etiological categories involve taboo behavior such as mistreatment of certain animals, including unpermitted killing or injuring of animals, "infection" from natural phenomena such as lightening or whirlwinds, and taboo or incorrect behavior connected with various ceremonies, daily activities, or implements (see Newcomb 1940, Leighton and Leighton nd, Wyman and Kluckhohn 1938). While some minor taboo behavior patterns are doubtlessly becoming obsolete, certain natural phenomena are still considered valid causes for illness and the accuracy of ceremonies remains important. Witchcraft and other malevolent sources include several types of bewitching, contact with alien persons or powers, and contact with the dead. The possibility of witchcraft on the Navajo Reservation is omnipresent and remains a strong, forceful belief today (Leighton and Leighton nd, 3). The well-known Navajo distaste for the dead remains strong although many individuals have adopted an Anglo attitude.

### Non-supernatural Etiologies

In a sense, all maladies, diseases, or physical problems are thought by traditional Navajos to have some type of supernatural cause, but certainly some acculturated individuals have completely or partially adopted the Anglo scientific approach to disease causes. These persons may voice "the germ theory" for some diseases but may attribute epilepsy to "evil spirits." Perhaps accidents would be considered by many Navajos as not being supernaturally caused events, except in specific witchcraft cases in which a car or truck is believed to have been bewitched (for example, see Kluckhohn 1944). Since accidents, particularly those involving cars or trucks, account for more deaths on the Reservation than any other cause (United States Public Health Service 1964), many Navajos disabled in an accident may not completely attribute their injury to a supernatural cause, but simply "bad luck". Deaths from all accidents is over twice the rate for the nation, and 43 percent of accidental fatalities involved automobiles (United States Public Health Service 1964: Problem 2:1). While a disability resulting from some type of accident may not be considered as having a supernatural etiology, the person may still have a chant from the Life Way Group performed.

## Navajo Curing and Medical Practices

Much has been written regarding Navajo curing and medical practice (see Wyman and Kluckhohn 1938, Reichard 1950, and Leighton and Leighton 1944, nd). In brief, the process involves several events as listed below:

1. Recognition of the malady;
2. Cause of the malady is diagnosed by a hand trembler, crystal gazer, or other supernaturally-gifted diagnostician;
3. The individual may seek treatment for the symptoms;
4. The etiological basis for the illness is negated, cancelled, or otherwise rendered harmless by ceremonial activities, "sings";
5. Preventative measures are taken against future problems (adapted from Levy 1962:6).

Certainly in recognizing a malady most Navajos are not alarmed by minor injuries or ailments (since they are common), but do become concerned when illness or painful conditions persist. When such conditions do continue and the individual desires treatment, a diagnostician is sought who will determine the cause by trembling of the hand, gazing into a rock crystal, or other procedures. The diagnostician will then prescribe an appropriate ceremony, depending on his determination, and will suggest a medicine man who specializes in that particular ceremony. Unlike Anglo medical diagnosis, the time element is largely irrelevant and an event during childhood or even before birth could cause illness while an adult.

If an immediate cure involving a certain ceremony cannot be obtained, the individual may decide to seek momentary treatment for the symptoms. He may, therefore, go to a Hopi "bone doctor" or a Hopi herbalist, a United States Public Health Service hospital, an Anglo "faith healer", or any other source of treatment. A ceremonial from the Life Way Group may be held for the patient also. However, even if the symptoms are relieved, the etiology or "real cause" must be handled by some ceremony. As a part of this event, a Beauty Way chant is often amended to the curative ceremony as a preventative measure (Levy 1963). Considerable time may lapse between these steps and their sequence can be changed or postponed by lack of money, difficulties in correct diagnosis and cure, or other circumstances. Appendix A illustrates major ceremonial groupings, their associations, and features.

## Navajo Categories and Descriptions of the State of Illness

Oswald Werner's recent linguistic research in Navajo medical terms provides a convenient summation of some concepts of illness (1965). The words or phrases below are from Werner's study (1965: 2, 3, 13-16).

| | |
|---|---|
| cistiin | disability |
| t'oo dadiigisigii | Those who are mentally unsound, "crazy". The t'oo indicates a teasing connotation as in "those foolish ones". |
| naałniih | Contagious diseases of illness, incurable from a Navajo point of view, like a plague. Can also refer to a fad or fashion thought of negatively by the speaker. |
| kanziya | State of being intensely sick or physically suffering for a long time. Refers to humans and domestic animals. |
| c'iih niiooh | General sickness, body fever, "sick all over". |
| haahdahaz?a | State of being continuously not functioning properly in a manner not corrected at the time. Can refer to humans, animals, physical objects, part of the body, a peoples' land, or parts of physical objects. Less intense and shorter duration than kanziya. Closest English meaning is "wrong with" or "the matter with". |

| | |
|---|---|
| dazicaah | State of being sick for a short or long period of time, mildly to seriously. A general verb referring to humans or any other being except plants. |

Significantly, Werner notes that:

> The Navaho language has never had a large list of "named" diseases. At present, the entire vocabularly of "named" diseases is in a state of flux due to appearance in the historic period of new forms of diseases previously unknown and more recently intensified contact and exposure to Anglo medicine (since *ca*. 1930) and the resulting conscious attempts to intorduce Anglo medical terminology into Navaho which are often misleading, ambigious, or crude attempts (1965:3).

Werner notes further that "The striking feature of Navaho medical vocabulary is the large number of near 'synonyms' for high level abstractions such as sick and sickness" (1965:3).

## Navajo Mythology and the Disabled

Occasionally disabilities and disabled personages figure in Navajo mythology. In the classic tale that is part of the Night Chant, two boys were born to a young unmarried girl who had been seduced by Talking God. One of the boys was suddenly crippled while the other was blinded by unknown causes. The boys are therefore known to Navajos as the Stricken Twins. It is said that the girl's family was not concerned with the illegitimate births as much as they wanted to find the father. When it was determined that the father could have been a supernatural the family were kind to the boys until they became blind and crippled. Then, as Washington Matthews has summarized the story, "The family had no way of caring for two extra members who could not make a living, and the story goes on endlessly, showing the family sometimes overcome with pity for the twins and at other times blaming the mother bitterly for their poverty and hard life" (1902:212). During various adventures and encounters with supernaturals, the Stricken Twins were taken by Talking God to the home of the Mountain Sheep deities where ......

> ...they saw among other things, on each of the four walls a large crystal which emitted light, and with each stone there was a special charm or remedy to cure disease; that stone on the east was a remedy for blindness, that on the south a remedy for lameness, that on the west a remedy for deafness, and that on the north a remedy for the "crooked face" (Matthews 1902:326).

Another set of twins, Eye Killers, also figure in certain myths. These misformed personages lacked arms and legs. They had large eyes which killed all those whom the twins gazed upon (Reichard 1950: 72, 74, 432). Eye Killers were killed by a third set, The Hero Twins, who were physically normal and slayed many monsters with aid from the major deities. Thus, Navajo mythology provides a rationale for the appearance of disabilities and curing procedures as well, but attaches a negative value to the disabled.

As noted above, mistakes in chants, prayers, and other ceremonial activities may result in a disabling condition. Navajos in Matthews' time believed he became deaf and partially paralyzed because of his errors while trying to learn the Night Chant (Reichard 1950:12-4). To be physically disabled, however, did not prevent one of the best known Navajo medicine men, called Crawler by Anglos, to achieve great prominence among his people. Crawler, who was paralyzed by the power of the Night Chant, learned and practiced other major chants and was the "star" of the film The Mountain Chant, produced by Roman Hubbell in 1926 (Reichard 1950: 94).

## Impact of Modern Medicine

With the establishment of United States Public Health Service Indian Hospitals and Clinics in Reservation communities and neighboring towns, mission hospitals and clinics, and similar programs, Navajo health and curing practice has undergone considerable change, but many Navajo health concepts and procedures remain as functioning alternative patterns. McDermott and associates have noted that...

> Many of the medicine men /in the Many Farms area/ themselves consult the physicians as patients, and they have raised no objections to the use of "Western" medical methods for patients they are caring for by Navajo methods. ...the medicine men be-

> lieve they can distinguish between the type of "illness" most likely to be benefited by their procedures and the type that is better managed by the /Cornell Many Farms Field Health Research Project/ staff......./The medicine men/ are quick to recommend the employment of both sets of "healers" in situations that appear to have any urgency (1960:286).

It has been said that for a long time Navajos feared hospitals since people went there to die, but now as Levy remarks - "Certainly Navajo fear and distrust of the hospital has lessened" (1963:12). Levy notes that "wonder" drugs, increased staff, and the general advancement in medical technology have reduced hospital deaths and with time, the Navajo have become accustomed to Anglo medical services (1963:12).

Tuberculosis and trachoma, once quite common, are now much less prevelant due to eradication programs. A July 1964 United States Public Health Service report states that Tuberculosis among the Navajo is nine times that of the nation, and that deaths from Tuberculosis are five times greater than the national average, but that mortality is decreasing significantly (United States Public Health Service 1964: Problem 7:1). With respect to disabled persons, the United States Public Health Service report states that:

> It should be emphasized that the full extent of need for care of the chronically ill and handicapped is not known because of poor case finding and poor reporting of data. The poor standard of living among Navajos frequently precludes a chronically-ill or handicapped patient being cared for in his home....(1964: Problem 7:2).

Table 2 shows numbers of cases in various disability categories as reported and treated in fiscal year 1963 and part of fiscal year 1964. Certainly one factor for the increase in 1964 for some categories is better reporting procedures, larger field staff, cooperation of agencies, and Northern Arizona University's Navajo Rehabilitation Project. Recent figures published in the Navajo Times indicate that while 140 mentally retarded, blind, and deaf Navajo children are in special schools, a backlog of 40 or 50 children cannot be served for lack of facilities in Arizona and New Mexico training schools. (Navajo Times, Nov. 3, 1966, p. 12, 13 - Window Rock). These figures at best indicate the minimal magnitude of disabilities among the Navajo.

## TABLE 2

## REPORTED DISABLING CONDITIONS ON THE NAVAJO RESERVATION NUMBER OF CASES KNOWN AND TREATED*

| Type of Case | FY 1963 | (First nine months) FY 1964 |
|---|---|---|
| Chronic Ear Conditions | 1249 | 1229 |
| Chronic Orthopedic Conditions | 388 | 1589 |
| Cleft Palate, Hare-lip | 25 | 16 |
| Cardiac Conditions | 30 | 31 |
| Trachoma | 1043 | 2220 |
| TB Hospitalizations | 306 | 355 |
| Total | 3044 | 5440 |
| Percent of 100,00** (Approximate Navajo Population, 1964) | 3.04 | 5.40 |

*From USPHS Navajo Health Problems, 1964: Problem 7, pp. 3-5. Window Rock.

**Derived by REK.

## HISTORICAL PERSPECTIVES REGARDING THE NAVAJO DISABLE

Historical documents of American explorers, military men, and others rarely contain statements regarding the Navajo disabled, and it is difficult to indicate the frequency of disabling conditions through time. For example, an otherwise informative description in 1856 (Letherman, 1856) contains a statement that "these people suffer much from rheumatism, and gonorrhaea, and syphilis is not at all rare. Many have a cough, and look consumptive." Many years later, the physical anthropologist Ales Hrdlicka made numerous trips through Southwestern Indian reservations and northern Mexican Indian villages, recording physiological and medical data (1908). Hrdlicka found no cases of epilepsy among the Navajo, but noted that digestive disorders, rheumatism among the elderly, whooping cough during childhood, eye problems and pulmonary illnesses were fairly common (1908: 179-80). In the late 1940's, a report issued by the Department of Interior Secretary J. A. Krug (1948) stated that about 6,000 Navajo Indians, including the blind, the aged, the crippled, the mentally defective, orphans, and dependent children needed relief assistance (Krug 1948: vii, ix, 8). It is interesting to note that the Krug Report listed tuberculosis, diarrhea, dysentery, gastroenteritis, and pneumonia as accounting for seventy percent of all Navajo deaths, but now accidental fatalities of all types have eclipsed illnesses as the leading cause of deaths on the reservation (Krug 1948: 7; United States Public Health Service 1964: Problem 2:1). Over 5,400 cases of disabling diseases or conditions were known and treated in the fiscal year 1964 (see Table 2). No accurate census of disabled persons apparently exists in the Bureau of Indian Affairs or Tribal records; available figures only give a probable order of magnitude. Recently the Public Health Service has been conducting a survey to determine the number of handicapped persons and types of disabilities (Navajo Times, November 3, 1966, pp. 12, 13). Undoubtedly, with the impressive growth of Navajo population, the number of persons disabled from various diseases, congential conditions, and accidents has increased. Most probably the proportion of disabled persons is greater than the general United States population, but this cannot be shown with available data.

## THE CHANGING ECONOMIC ROLE OF THE NAVAJO DISABLED

In the early 1960's it was estimated that ten percent of the Navajo reservation population, including the aged, blind, dependent children, and the disabled, were largely dependent on the welfare payments from various sources. Of this group, involving some 7,800 persons, approximately 1,900 were aged and blind. Nearly all others are dependent children (Young 1961: 232). As the Eighth Navajo Yearbook stated:

> A generation ago the lowest economic stratum in Navajo society, comprising the aged, the blind, the disabled, the unwanted orphans, and those people with few or no livestock, led a precarious existence...The very survival of many members of this segment of the population owed itself largely to the closely knit family--extended family-clan structure and sharing features of Navajo society. In the course of a generation, the lot of this erstwhile least privileged class in Navajo society has undergone a radical change, and the group has emerged as a comparatively affluent segment of the population due to the operation of the Social Security program. Regular payments to Dependent Children, the Aged, the Blind, and the Handicapped, Old Age and Survivors Benefits, and other forms of welfare have elevated this otherwise underprivileged class from the bottom economically, to a much more favorable position, and the sharing process in Reservation society has reversed its direction of flow from instead of to the segment of the population which is otherwise lacking in resources or capacity to gain its own livelihood. (Young - 1961: 218-20).

Such an economic change may well be accompanied by a change in a generalized attitude toward handicapped persons. Now the disabled individual can be a contributor to family support and this may result in a new status and a more positive social role for the disabled. Of course not all disabled Navajos receive welfare payments for various reasons; for those who do not, their place in Navajo society probably remains as described above.

This new role of the disabled individual is not often condusive to rehabilitation since he may feel his welfare income is sufficient, or at least partially so, and he may not want to leave his Reservation home for rehabilitation, evaluation, and training. Governmental policy can also work at cross purposes regarding the individual and his rehabilitation. According to policies of several Bureau of Indian Affairs Welfare offices, as set forth in 1964, and recorded by Lawrence Powers, then Intake Counselor for the Navajo Rehabilitation Project:

> All handicapped individuals who are currently [December, 1964] receiving welfare from the BIA are expected to enter and complete evaluation once they have been referred to [the NAU Rehabilitation Project.] At no time are they expected to decline the invitation to enter the program.... As soon as the handicapped Navajo is made aware of the services available, it is mandatory that he pursue rehabilitation services, once he is made medically eligible for these services. If an individual is eligible for rehabilitation services but declines any help, he is deemed unfeasible for welfare support and taken off the BIA Welfare roles... In most cases, the loss of welfare support seriously handicaps the income of the client and his immediate family.. Welfare grants to the individual continue while he is undergoing prevocational evaluation and continues during vocational training if this is the next step. Welfare also continues if the evaluation shows that for various reasons the individual is unable to continue in [the Project] and returns to the Reservation. If the individual accepts the services but drops out of the evaluation for no good reason or is dismissed from the project because of repeated absence, excessive drinking, etc., his welfare is also discontinued.

Powers continues:

> Individuals enrolled in the evaluation program and receiving welfare monies are obligated to use part of this money for payment of expenses such as housing and meals. To the Navajo whose family has remained on the Reservation during this evaluation period, this is a serious problem since in most cases the entire welfare check is needed at home. [Quite often] the Navajo owes the local trading post a sizeable sum, generally for the amount of the monthly [welfare] check. The trader is rather reluctant to issue monthly credit to the family members still at home. (Powers, personal communication).

Thus, policies and the credit economy of the Reservation act to negate the newer role of the disabled individual, regardless of the rehabilitation possibilities and interests in the Project. Such an unfortunate situation often serves to confuse or antagonize the handicapped individual.

# CHAPTER III

## THE DISABLED CLIENT - SOME CASE HISTORIES

The following descriptions of client categories and specific cases are presented to provide samples of more-or less typical case histories and summations of client categories as background material. The selection of individual cases as "typical" or representative is often difficult since each case is often quite different from others and is sometimes not comparable with others because of incomplete data. The categories of disabled clients have been formed for analysis and discussion purposes; the groups indicate no official categorization by the Rehabilitation Project or referring agencies. Persons placed in the Cured Disabling Condition Group were those who had undergone successful curative treatment for a disabling malady, which, though cured, remains a handicap. Clients in the Multiple Disabilities group suffered from any combination of two or more physical, organic, or mental handicaps. Individuals with Mental Retardation or Emotional Disturbances were included in one group since their reactions and behavior patterns toward rehabilitation were similiar even though the disabilities were not. No clients from this category will be described individually since, in reality, no case is "typical". Instead, the group as a whole is discussed. The Impaired Communication category includes those individuals with major disabilities of sight, hearing, or speech or a combination of these conditions. Individuals with handicapping conditions of mobility or manipulation, such as hip dislocation, arthritis, or amputees , were grouped into one category, although their respective disabilities were quite varied. Clients diagnosed as being epileptics or as having cerebral palsy formed the last category since their disabilities may have common cultural values among the Navajo.

To some clients, a brief acculturation questionnaire was administered (see Appendix C). This questionnaire showed that more conservatively-minded clients could be recognized by traditional concepts of marriage choice (outside mother's and father's clan), would rather attend sings than movies, believed young girls should have a ceremony at puberty, and other traditional views. Clients who answered the questionnaire in non-traditional ways were counted as high on a rough, relative scale of acculturation. For those clients who did not take the questionnaire, factors of education, English skill, off-Reservation experiences, behavior patterns, and work history were used as relative acculturation markers. Of course, many clients were neither traditional (low on the scale) or high, but in medium or intermediate positions. At best, an evaluation of personal acculturation for many clients is tenuous and approximate. Only one client was a "long hair" or a very traditionally-minded person.

Client attitudes toward rehabilitation were gauged as positive, neutral, or negative on the bases of actions, general cooperativeness, and acceptance of personal disability. If a client presented anti-social behavior such as excessive drinking, antagonism with staff or other clients, non-cooperation, and a definite lack of serious motivation, he was judged as negative. Because of various problems of intake procedures, about twelve clients of the eighty-six mentioned above were in the process of actually coming to Flagstaff as of March, 1966, even though they had been officially entered into the Navajo Rehabilitation Project. Therefore, they are included in Table 1, and in the introductory descriptions of each category but only in discussions of marital status and sex distribution in each group.

## Cured Disabling Conditions

As a group, clients having cured but still disabling conditions were older in average age (thirty-one years) than all other groups except those in the Locomotion-Manipulation category. All clients in Cured Conditions Group were males except one, and were about evenly divided between married (eight) and single (six) persons. All of the married clients except two had contracted a disabling disease after marriage. Ten clients were post TB cases and one had a rheumatic heart condition. Their homes were as follows: two from Pinyon, Leupp, and Jeddito; one each from Flagstaff, Chinle, Two Gray Hills, Tolani Lakes, and Tuba City. Nearly half of the group could be rated as having a high level of acculturation, while three were classified as in a medium level, and three were traditional. Except for four cases, this group was marked by a positive attitude toward rehabilitation efforts and plans, but two married and two single clients had poor or negative attitudes and presented problems to staff members in drinking and lost time due to jail sentences. Three of the four negative clients were traditionally-minded. Three clients were in the process of entering Project evaluation.

## Client A

This thirty-two year old man was representative of highly acculturated clients of the group. He was a post TB patient and was married. He has lived off the Reservation for eleven years and has a home in Flagstaff. His wife was a member of an Oklahoma tribe and worked for the BIA Flagstaff Indian Dormitory. He had a high school education, and was interested in a social science major at NAU. He had been a dry cleaner and a BIA dormitory instructional aide. He had two sons. Client A was one of three children; his father was disabled also and his step-mother was a post TB case. His motivation was high and he had a positive attitude toward rehabilitation. He presented no special problems to staff and accepted his disability.

## Client B

This thirty-six year old man from the Jeddito Trading Post area was classed as traditional since he had no education, spoke English poorly, and had a history of short, unskilled jobs, including railroad laborer. He was a member of the Mormon Church, however. He was a post TB patient and had four children. He did have a police record, mostly for liquor violation, but presented only communication problems to Project staff. He was motivated only if the immediate task was of interest and he was not interested in a specific profession, but simply any job. His attitude was generally positive. He was cooperative, and performed well during a janitorial training period. In contrast, another traditionally-minded, married male client was un-cooperative, drank, believed his surgery was disabling, not corrective, and thought that his TB operation prevented him from working. This man also had limited English skills and a police record.

### Client C

This thirty year old unmarried man from Tolani Lake was one of ten children. He was a post TB patient but also had weak eyes. He had attended Sherman Institute for three years and possessed poor to fair English skills. He had only worked as an agricultural laborer. He was classed as low on the acculturation scale. He presented problems of running away from the vocational shop, was jailed three times while in the Project, and was generally negative to rehabilitation efforts. He was interested in leather work but was not highly motivated.

### Client D

This thirty year old single woman, the only female client of the group, was one of eight children, and lived in the Leupp area. She had no schooling but was medium in acculturation rating. She was a Catholic and had little work experience. She presented no major problems to staff, and was generally positive toward rehabilitation plans for her. She was found a job with a Grand Canyon concessionaire, and was reported to be a good employee. Her family was anxious that she receive help and supported her plans.

## Multiple Disabilities

All clients but one in this group were single and all but three were males. This group was one of the youngest in average age (twenty-five years) and only four clients were twenty-five years old or older. All but two of the single clients were born with a disability (atrophied arms, deformed hands, or impaired communication) to which was added mental retardation, visual problems, partial deafness, or a disabling disease such as rheumatic fever or spinal meningitis. The married client was AN a typical example of the group, in that he was older (forty-five years), had lost his right hand in an accident, had visual and gall bladder problems, and had slowly become partially deaf over the last decade.

Recently, his wife left because of his excessive drinking.

This group was marked by a greater number of negative, hostile actions and attitudes of the clients than positive attitudes. All clients presented problems of low motivation, withdrawal behavior patterns, poor coordination and perserverence , or self-image, but drinking problems were minor. The group was approximately equally divided into high, medium, and low acculturation levels. Two clients were from Fort Defience while others were from the Shonto area, Inscription House, Chinle, Teesto, Gallup, Cameron, and Tonalea. One client was in the process of coming to Flagstaff.

### Client E

This twenty-three year old man from Tonalea was single, the eldest of ten children, and had controlled epilepsy, emotional instability, and poor vision. He was a member of the Latter Day Saints Church but believed his seizures were the result of witchcraft, and was acculturated only in selected aspects of life. While hospitalized, the client had a seizure in which he "was observed to grimace, bark, get down on all fours and howl like a dog or wolf". He has had only odd jobs in his home area. While in the Project, he was jailed three times for drinking. He was not motivated, and was not interested in rehabilitation. His family lacked a father (deceased) and as a result of fear of his seizures, his present family wanted the client hospitalized. He had completed the 11th grade. He wanted to have further schooling, and was concerned about his future; he stated in a letter, "Sometimes I worry about my schooling. Because somewhere in life, life has almost failed me...I really want to learn to make my life worthwhile. I know there's a lot to learn in this wide world. That's what I am living for, isn't it? I know that I'll be unhappy when I don't go back to school. I know my life won't even be worth a button if I don't".

### Client F

From the Inscription House area, this client was a twenty-two year old single young woman, one of ten children. She was born without a right hand and developed rheumatic fever as a child. Even though she had completed the 12th grade, she was deficient in general knowledge and had limited English skills. She had no work experience and was classed in a low acculturation level. While in the Project, she was withdrawn, made little effort to mix socially, and did not like to attempt any task that might lead to failure. She had little interest in rehabilitation plans and was not motivated toward work. She was very self conscious of her cosmetic prosthetic appliance and as one staff member reported, the client had developed "a shell of protection" and treated the appliance as "a foreign object". Her major problem was accepting her disability.

### Client G

This twenty-five year old man from Fort Defiance was the oldest of six children. Unmarried, the client was blind in the right eye, had a weak left arm because of muscle atrophy, and may have been moderately mentally retarded. He had completed high school and had a good command of English. He was an introvert, lacked perserverence, was treated with indifference by other clients, but had fair motivation toward a semi-skilled woodworking profession. He had only worked on local tribal projects. He had a positive attitude toward rehabilitation and sought staff help. His family was protective and his father, a tribal councilman, helped find odd jobs for his son. The client and his family would be high in acculturation placement.

## Mentally Retarded and Emotionally Disturbed

As the fewest number of clients, the mentally retarded, emotionally disturbed group had a wide age range, from fifteen to thirty-three years and was composed of three males and two females. One unmarried thirty year old man from Tonalea was the only client of the group to have a positive attitude toward rehabilitation and the Project. He had been kicked by a horse as a teenager and had an impaired memory. His motivation increased while he was with the Project, and he did well on two job training situations. He had a wide variety of job experiences but stated upon arrival that he was not able to work. His parents were separated. His mother described him as "not right in his head" and the family did not want him to leave home. He was quiet and did not mingle actively with other clients although he was accepted by them.

Three clients were basically schizoid in their emotional disturbance, and presented the Project with serious problems ranging from violent outbursts in a dining hall to beating up an epileptic client. Probably these clients could be best described as somewhat acculturated, with experiences in off-Reservation towns and cities, either while working or in an institution. But these clients held to some traditional concepts, especially from Navajo religion. One denied Navajo religion as meaningful but believed in the efficacy of curing ceremonies. One was given some unknown black powder by his grandfather before coming to Flagstaff, and one wanted to learn chants after his father's death. All three did not have both parents in the home, and family emotional support was lacking. Except for the man from Tonalea, these clients did not stay long with the Project, and were committed to other institutions because of their actions or were deemed non-feasible. One client was in the process of coming to the Rehabilitation Project.

## Impaired Communication

Among the clients with handicapped communication, nearly all possessed disabilities of sight. Five females and ten males were in the group; ages averaged thirty years but ranged from nineteen to fifty-five years. Only three clients were married. One was separated from her husband. One male client had an under-developed left portion of the mandible, and facial distortion. Two young men had partial hearing loss, with accompanying speech problems and one young woman had serious sight as well as hearing problems. One unusual client was a thirty-two year old single man from Ganado who was mute and nearly completely deaf. This man was proud, helpful, wanted to be self-supporting, presented no problems, and was supported in his rehabilitation efforts by his family.

Two clients lost partial sight from accidents but other persons of the group were disabled since birth or early childhood. Seven of the clients were classed as medium in acculturation levels, with three persons in high positions, and two traditionally minded. Three clients were from the Tuba City area, two from the Chinle region, two from St. Michaels, and two from Ganado. Other clients were from Pinyon, Steamboat, and Pine Springs. Six clients had a positive attitude toward the project and their personal rehabilitation plans; two seemed neutral, while three were definitely negative or hostile. The clients with neutral or negative attitudes often caused serious problems for staff members such as becoming sullen, hostile to more acutely blind clients, or drinking. Two clients were about to come to Flagstaff.

## Client H

This person was a young woman twenty-five years old who had only partial sight since 1960, when cataracts dimmed her vision. She was single, had a fourth grade education, and was a Catholic. Upon arrival, she lacked confidence in herself, was introverted, talked little, and was shy, but staff members helped to increase her confidence and communication skills. She was not greatly motivated but apparently had accepted her disability to the point of agreeing to go to a blind training center in Arkansas with another partially-blind female client.

## Client I

This young man of twenty-three had partial vision since birth. He was single and was one of five children. His family was well educated but he had only a fifth grade education. He was dependent on his family and was probably overprotected by them, but apparently had accepted his disability. Even though he walked nine miles for an initial interview with the Intake Counselor, he believed he could not do any work except light tasks around home. He became antagonistic and homesick while in the Project and believed the other clients were "mean" to him. After leaving Flagstaff, he wrote the staff as follows; "Therefore, I'll never go to Flagstaff again. Neither will I ever bother the welfare people any more. I was getting welfare aid to the blind--they can stop sending me checks. Just keep hands off of me--goodby for now and ever".

## Client J

A young girl of nineteen, this client at the age of six lost considerable hearing and vision abilities. She lacked any schooling and lived with her mother and step-father. She has lived with grandparents and it appears that no relative really wanted her. She has been a patient at "sings" in attempting to cure her disabilities, but would like to live off the Reservation. While in the Project, she was shy and withdrawn but became more open and friendly after a while. She was motivated to become self-supporting and independent, and had a positive attitude toward rehabilitation.

## Client K

This man of thirty-five years had been a college student at Northern Arizona University for about three years, and has been blind since childhood. He was single and has served as a Project interpreter on occasions. He was acculturated but believed in the efficacy of Navajo sings and often displayed Navajo behavior in times of stress. He was on an Antabuse regimen to help solve his drinking problem. As a child, he was bossed around by older brothers and was under considerable family pressure of this kind. He has spoken of feeling inferior and guilty of being a "parasite" on others, but was usually well motivated to continue his work in social science. He accepted his disability and generally had a positive attitude toward the Project.

## Disabilities of Locomotion and Manipulation

This category of clients was the largest and in some characteristics was the most heterogeneous group. It was composed of thirty-one males and four females and had the oldest average client age, thirty-five years, with an age range of twenty-one to fifty-three years. About the same number of clients were married (13), as were single (16); one client was separated from his wife, and three were divorced. This group contained three congenital hip dislocation cases, seven clients with arthritis, polio, or TB of joints or other articular surfaces, six hand, arm, or leg amputees, four wheel-chair clients, and nine miscellaneous cases of impaired locomotion or manipulation. As might be expected, this group also contained more persons of intermediate acculturation levels (15) with nine classified as high in acculturation and five placed in low positions on the scale. There were fifteen clients who reacted favorably to the efforts of the Project, five had neutral attitudes, three were negative, and the general reaction of six clients was unrecorded.

In home communities, four clients were from the Chinle-Many Farms region, three were from Tuba City and from Flagstaff, two each from the Houck area, Holbrook, Dennehotso, Sawmill, and Teesto, while one client came from each of the following locations: Keams Canyon, Cedar Ridge, Ganado, Leupp, Salina Springs, Tonalea, Cove, Smoke Signal Trading Post, and White Cone. Six clients were in the process of entering evaluation at Flagstaff.

### Client M

This man was forty-six years old, from Keams Canyon, and had weak legs resulting from an auto accident nearly fifteen years ago. He was single, one of seven children, and lived with an aunt. He was a veteran of World War II, and had worked as a railroad laborer. His knowledge of Anglo culture seemed great and he was skillful in English communication. He had a lengthy police record (nine arrests by Flagstaff police alone) but became depressed and felt guilty about his behavior during a drinking spree. He was jailed once for drunkenness while in the Project. He was motivated to have his own income, preferred upholstry and carpentry, and did well on a job training situation. His attitude was mildly positive toward rehabilitation and he has probably accepted his disability.

### Client N

From Dennehotso, this twenty-five year old man suffered from congenital hip dislocation, atrophy of his right leg, and pains in his left foot. He was single, had one year of college and was skillful in English communication. He enjoyed math, and reading and was ninth in a class of sixty-seven in a cabinet-making vocational school. He had worked as a checker in a millwork shop and as a dishwasher. He was one of four children and lived with his parents. He had a positive attitude toward rehabilitation and the Project, had accepted his disabilities, and was motivated to pursue cabinet making.

### Client O

This man of thirty-two years, from Ganado, was paralized from the waist down in a 1952 farming accident. He was in a wheel chair most of the time. He lived with a sister and family since at least one older brother has beaten the client when drunk. The client was one of eleven children. Even though the client had only a third grade education, his command of English was adequate except in writing. He has had only limited work experience since he was injured at the age of eighteen. He was described as being intermediate in acculturation. His attitude toward the Project and rehabilitation plans was favorable, largely because it removed him from family problems. He accepted his disability but remarked that an epileptic client was "off his head". He was found drinking in his room with another client. His sister stated in a letter that "I certainly would not want him [the client] to be anywhere near one of his brothers that lives in Shiprock.----is a good boy so long as the other boy leaves him alone. It's going to be the same old story----he gets vicious and always seems to take it out on his brother when he [the older brother] gets drunk".

### Client P

This man, thirty-seven years old, was divorced but had custody of his two children and was originally from Sawmill. He had residual TB in one hip since 1951, and eye and throat problems for many years. He now lives in Gallup with his children and has returned to an old job as a shoe repairman. He called himself Catholic, said he did not believe in Navajo religion, but was traditional in marriage choice and other areas of Navajo life. While in the Project, he was undependable, drank, and even threatened to kill himself. He thought University students in the dining hall looked "mean" at him. He became emotional when talking about his ex-wife and family and said that he wanted his children "to get some place". He blamed Project staff for his problems and drinking but arrived in a cab to pick up a social security check. He held neutral to hostile attitudes toward the Project and felt sorry for himself.

### Client Q

This fifty-three year old man, from Smoke Signal, lost his lower left leg in 1957 or 1958, and now uses a prosthetic appliance. He was separated from his wife; there were no children. He now lives with his aged mother and has adopted two children from an aunt. He has worked for the Santa Fe Railroad for fourteen years and for the Navajo Army Depot near Flagstaff for two years. He held many traditional concepts but was adequate in English communication. While in the Project, he was a leader (probably because of age and maturity), was well-liked and cooperative, and wanted to be self-supporting. He stated that he did not care to live in town because drinking was a temptation for him. His motivation was high and he felt he should be earning money, not simply taking welfare payments. His attitude toward rehabilitation was positive and he believed that a disability should not prevent a person from working.

### Client R

From White Cone, this thirty-eight year old man has suffered from congenital hip dislocation since childhood. He was single and lived with a brother and his family. He has had no schooling, had limited English skills, and had worked as a railroad worker for fourteen years. He was classed as low on the acculturation scale. While in the Project, he was observed drinking with other clients several times. He lacked motivation, stating that he was too old to learn a new job and that he had misunderstood the Project. His attitude was generally negative even though he probably accepted his disability.

## Epilepsy-Cerebral Palsy

This small group of male clients exhibited some heterogeneity in personalities and reaction to rehabilitation efforts. All clients but one were single; the married man, who became an epileptic at sixteen years of age, was nearly twenty years older than the oldest single client, had seven children, and had lived in Flagstaff for several years. Two single clients had cerebral palsy; both were negative to the Project and returned to their Reservation homes before their evaluation periods were completed. Hence, data on each man was limited but each had limited education and ranked low on the acculturation scale. One cerebral palsy client was decidedly unfriendly toward blind clients. The epileptic clients were generally positive toward rehabilitation objectives but were generally ashamed, confused, or rejective about their disabilities. With the exception of the married man, the epileptic clients were medium to low on the acculturation scale and were from traditional communities (Klagetoh, Pine Springs, and Oljeto). The cerebral palsy clients were from Pinyon and Coalmine Trading Post areas.

## Client S

From Oljeto, this twenty-two year old man became an epileptic in 1962. He had little work experience but could read and write at a sixth grade level. He believed in Navajo witchcraft and had "sings" for his "spells". He held positive attitudes toward rehabilitation and wanted to live off-Reservation because of witchcraft "powers" there. He lived with his parents who were encouraged at his rehabilitation efforts. He was confused and unaccepting about his disability. While in the Project, he had convulsions and died from a brain tumor.

## Client T

This young man of twenty-five years from Klagetoh became an epileptic in 1955, partially as a result of a head injury. He had no work history but wanted to finish his high school education. While in the Project, he was helpful, co-operative, and befriended clients who were not accepted by others. His parents were happy to have him in the Project (see comments by Observer A) and the client wanted to work as a service station attendant. He was "ashamed" of his disability and did not have an accepting attitude toward his condition.

## REACTION TO DISABILITY

### Comparative Data

From anthropological literature, reports of Navajo family treatment of disabled individuals may be garnered. In the Leighton's study of Gregorio, a hand-trembler diagnostician, a brother of Gregorio was a hunchback who suffered from "severe thoracic kyphosis" (Leighton and Leighton 1949:137). This younger brother, Pablo, lived with a second brother but in relative isolation, and members of his "outfit" did little for him. Gregorio rarely mentioned Pablo. The Leightons stated that "This reticence and the isolation of Pablo may be part of the general Navajo tendency of avoiding the physically deformed for fear of evil influences" (1949:24). As the Leightons continue, "Pablo says Leon [an older brother] doesn't treat him very well; he does not have enough to wear, has no good place to sleep, and in the winter he is wet and cold most of the time; he has to work plenty hard herding the sheep" (1949:110). Such treatment may be representative of the pre-welfare payment period.

The elderly, however, are accorded different treatment. Reichard described these persons as follows:

> I have seen old, blind and crippled men who were kindly, often tenderly, led about by the young men or women of the family. They usually have a large pile of sheepskin and blankets upon which to recline.. One very old man near Keams Canyon was very troublesome. On these occasions he would get lost and then the young people were obliged to hunt for him. This they did without complaint or outward indication of annoyance (1928:57).

Names, nicknames, or sobriquets often indicate the feeling toward the disabled. The traditional dislike for the use of war names apparently carried over to the use of descriptive nicknames. As Reichard has stated "One of my best informants, is crippled with paralysis. He is called [Hataałii] (Chanter). But since any singer may be called this, I mentally differentiate him as "Cripple". I should however, never call him Naxaldjin either to his face or to someone else for it would be very bad luck; 'it is not a good name" (1928:97). Appendix D lists a few Navajo sobriquets.

Teasing, taunting, and use of humorous nicknames such as "Woman with Clubfoot," "The Hunchback", or "Lame Man", have been documented by Hill as follows:

> Youths might take advantage of the peculiarities and defects of their elders. Cripples and individuals with various afflictions were laughed at and teased. "If two people liked each other they would not laugh at one another'. /Quoted material from a Keams Canyon informant/ ...the infirmities of old age were frequently laughed at and caricatured by all age groups. As there is strong social pressure for the respect of the aged, as well as the afflicted, this form of humor was usually subject to unfavorable reaction....However, lack of conformity to the cultural ideal is prevalent. A great deal of enjoyment is derived from commenting verbally or through pantomime or the personal afflictions, infirmities, and peculiarities of various individuals in the society (1943:13).

As Hill has noted, attempts at humorous references to death and witchcraft are considered definitely odious and sadistic humor, aimed at persons with afflictions or infirmities, is second in distastefulness (1943:8). Probably the fear of supernatural reprisal from the afflicted accounts for this pattern. Children who did tease or make fun of someone blind would be admonished that their eyes would fall out if they continued (Hill 1943:13).

## CLIENT AND FAMILY REACTION TO DISABILITIES

In discussing the personal reaction of the client and the reaction of his or her family to disabilities, the same categories shall be retained but a division has been made between married and single clients.

### Cured Conditions

Adequate data exists on six married male clients in this group and all but one had helpful, cooperative, and assisting families or spouses who were interested in the client's rehabilitation. The exception was an individual who was negative toward the Project who believed he could not work and who was traditional in outlook. The remaining married clients and their families could be nearly evenly divided into the three approximate acculturation levels. All of these were post TB patients. In two cases, clients had fewer children than siblings. All but two married clients had positive or accepting attitudes toward their disabilities and were accomodating by attempting to learn skills which they could do. Only one became disabled before marriage. The five single clients were characterized by some generalized motivation but it lacked depth and continuity. Nearly all had worked only a limited time on temporary jobs and were younger than the married clients of the group. Two single clients lived with relatives, not parents. Two other unmarried clients were negative toward rehabilitation efforts, caused problems, and were probably reservation-oriented. For only one single client is there evidence of family encouragement and support for rehabilitation.

## Multiple Disabilities

Only one married (actually separated) client was in this group and he was relatively unacculturated, was negative toward possible rehabilitation, and presented a negative attitude while in the Project. He had a serious drinking problem which caused his wife to leave the family. His age (forty-five), combination of disabilities (partial deafness, amputated right hand, poor vision, and gall bladder problems) and lack of education made him a poor prospect for rehabilitation. The remaining nine clients of the group were unmarried, between twenty and twenty-five years, and were mostly in medium or high acculturation levels. Almost half of these clients (five) expressed a negative attitude toward the purposes of the Project, but their respective standings on the generalized acculturation scale do not correlate with attitudes since negative-minded clients were about evenly divided between the three rough levels of acculturation. There is, however, a rough correlation with family attitude and client view of rehabilitation. Those single clients who showed generally negative attitudes were overprotected by parents and relatives or rejected by them, or the families wanted the client institutionalized, as in the case of one client. Those clients who exhibited positive attitudes came from families who wanted the client to be self-supporting and contributing to family support. Only one client would be described as accepting his disability; others showed rejection by hiding a deformed or missing hand, by withdrawal from social situations, or by emotional upsets.

### Mentally Retarded and Emotional Disturbance

As discussed above, this group were nearly all negative toward the Project, and all were not suitable clients for rehabilitation since nearly all were seriously mentally ill. These clients did not have understanding or helpful parents. The only exception was a thirty year old man from Tonalea who suffered brain damage accidently, resulting in mild amnesia and mental retardation. All clients of the group did not live with both parents; in fact, two clients lived with other relatives.

### Impaired Communication

The married clients in this group (three) were only partially blind and all had fairly good job histories. Each man thought he could work and either accepted the partial disability or did not want to be recognized as partially blind. One thirty-five year old female who was separated from her husband accepted her partial disability and was successfully placed on a job. The single clients were generally younger, had only limited work experience, if any, and in most cases were dependent on their families who protected them. Most single clients of the group were more acutely blind than the married clients and with the exception of one, had less than a fifth grade education. Possibly because most of the unmarried clients had serious visual problems since birth or early childhood, their disabilities were more or less accepted by their families except for Clients J and K.

### Locomotion - Manipulation

Within this large group, about three-quarters of the married clients seem to have accepted their disabilities, but reasons behind acceptance apparently varied from familiarity with other disabled family members, concern about support for family (see Client F's reaction) or using disability as a "crutch". One man, having an amputated right lower arm, was observed using his prosthetic appliance as a hay hook and he left the Project to work at an old job as an assistant sawmill foreman. Nine married clients, in medium and high acculturation levels, had a positive attitude toward rehabilitation, but three were neutral or negative in attitude. Probably concern for family support is the most important factor in married men accepting their disability and being interested in rehabilitation and a future possibility of work. Single clients, on the other hand, were more variable. While most of the clients and their families more-or-less accepted disabling conditions, those in the lower acculturation levels were evenly divided among positive, neutral, or negative attitudes. Nearly as many clients in medium acculturated levels were negative or neutral as were positive in attitude toward rehabilitation.

## Epilepsy - Cerebral Palsy

This group is the most difficult to summarize because the sample is the smallest and each case presents differing client and family reactions. The only married client of the group exhibited anti-social behavior and had family and financial problems. Undoubtedly he was emotionally disturbed because of his disability and did not accept it even though he lived in Flagstaff and had worked for the Navajo Army Depot. The unmarried clients (five) were all below thirty years of age, had limited job histories, and were probably low to medium in acculturation rating. All but one felt that they could work and even though they had not fully accepted their disabilities, had generally positive attitudes toward rehabilitation efforts. Only three lived with both parents. Since epilepsy has supernatural connotations, most of which are negative, perhaps parents and unmarried clients were positive in their reaction to rehabilitation since such efforts would remove the individual from malevolent factors on the Reservation. Such a desire was openly expressed by one young epileptic.

## BEHAVIOR OF CLIENTS WHILE IN REHABILITATION

Reference has been made to deleterious behavior of some clients while in the Program. Drinking of male clients in town and in campus housing presented one of the most serious problems. Male clients who were younger, ambulatory, and had a prior arrest record were apt to repeat drinking habits. Age and sex composition of Navajo drinkers were generally paralleled by the drinking client group (see Heath 1964:122). The availability of liquor seems to have been irresistable to some clients whose intemperance deminished gains possibly made by rehabilitation. In a few cases, clients were induced to begin Antabuse treatment which attempted to minimize the disturbance. Female clients did not generally engage in such activity and with the exception of the girl who threw a dish in a dining hall, most of the behavior problems of female clients were relatively minor. "Social hours" were held from time to time to aquaint clients and staff. Games, Navajo and Anglo, were played, and refreshments served. The behavior of clients during such gatherings was usually subdued.

There were serious problems of rent and utility payment with certain married clients and their families. Unfortunately, available job training situations paid meager salaries and as a result several clients became disgruntled, discouraged, and antagonistic to rehabilitation efforts. As mentioned elsewhere, the Indian migrating to Flagstaff from a Reservation home for whatever reason, enters a cultural mileau which is characterized by the necessity of knowledge about the mechanics of city living, among other things, and some clients lacked skill or knowledge in this area (Kelly and Cramer 1966:5).

# CHAPTER IV

## SUMMARY AND CONCLUSIONS

The sources and causes of disabling conditions must be discussed from the Navajo viewpoint as well as from the non-Navajo approach. Certain elements of Navajo culture describe specific etiologies and treatment for ailments or conditions which are operationally and legally defined as disabilities by Anglos, largely in an economic sense, but which do not necessarily carry a similar connotation in Navajo life. In fact, with the change in economic role of some Navajo disabled as described above, these persons may be at least partial providers without restoration or specialized training. Supernatural connotations of some maladies carry particular behavioral patterns of the client--for example, during Client H's seizure (see Client O's description of an epileptic client). These patterns are often foreign to Anglo treatment procedures.

Other disabling conditions seem to carry less negative supernatural connotations. As McDermott and others have stated, hip dislocation may be an artifact of the cradle board swaddling technique and carries little connotation of disfigurement or disability. (1960:281; see Client N). In fact, hip dislocation may be looked upon by Navajos as a "lesser evil" in that to have a child or family member with this disability means that other disabilities may not occur in the family (McDermott and others, 1960:281). Since injury resulting from an automobile accident is common, and a real cause of this type of disability, one might expect little difference in cultural connotations between Navajo and Anglo in this aspect, the incidence of which will probably increase. One hopes that eradication and detection programs will diminish the occurance of eye and ear problems in the future. It would thus be generally accurate to state that certain disabling conditions are heavily laden with culturally predetermined connotations and patterns of behavior, while others are relatively not, and procedures of rehabilitation treatment should be modified accordingly.

Reaction to disabling conditions by the individual and his family and relatives seems to hinge on his physical appearance, his economic role in the family or larger unit, and the length of time he has been disabled. Self-image seems to be less affected by a cured ailment such as tuberculosis, than by congenital limb deformities or multiple conditions.

Among factors which affect client and family reaction to disabilities and rehabilitation efforts, it seems that marital status, age, job history, and severity of disability are interrelated. Other aspects such as level of acculturation, supernatural connotations, or home location seem not to be as important singularly as the cluster listed above. The client who is of a mature age, with a family and adequate job experience, but without an obvious, visible disability seems more likely to possess an accepting or accomodating attitude toward his disabilities and toward rehabilitation than the younger, single client. While this may seem obvious, economic and other factors which have been obtained in individual cases have acted to render these positive aspects of client characteristics negative in terms of rehabilitation success. Single clients in all disability groups present a less homogeneous generalized pattern than married clients, but nearly all exhibited shallow motivation, had only limited work experience, and held neutral or negative attitudes regarding their disabilities and rehabilitation possibilities. There seems to be little participation in modern Navajo courtship patterns by the single clients and nearly all married clients were married before the onset of a disabling condition.

Level of acculturation as reflected by English skills, work habits, and education is an important factor of course, but perhaps it is more important on an individual basis rather than being a characteristic of any one group of clients. It has been noted that similar attitudes are often shared by clients in low, intermediate, and high acculturation levels. It is necessary to point out that the acculturation differences between a majority of the clients is most probably small and the sample is undoubtedly a biased one in this regard.

## Discussion of Research Hypotheses

Perhaps an attitude of ambivalence would best describe the general Navajo attitude toward disabled persons today. Traditional negative attitudes have not been discarded, but with the change in economic role of handicapped individuals, a more positive attitude may exist simultaneously. Older conceptualizations of the disabled individual may have been "softened" due to changes in economic status of these persons, Western medical technology, directed cultural change programs such as eradication or vaccination projects, missionizing efforts, and governmental work programs. It seems that younger persons, especially those with mental retardation, multiple, or communication disabilities are protected by families. These clients are self-protected also; the comments by Observor A and E are paralleled by apparent client non-participation in courtship and the avoidance of possible rebuffs.

As stated above, the role and status of the Navajo handicapped person has changed. While this change is for the better, economically, it has created ambiguities and ambivalences. With welfare payments or other income sources present, Navajos may not fear a disabled person or his supposed malevolent efforts, but may still view the person as "incomplete", the opposite of a positively valued personal image. In general, a hierarchy of severity exists; arrested conditions such as TB or other infectious diseases seem to be less severe while visable deformities or conditions are more disabling and are accompanied by related psychological-behavior problems. Disabilities from "natural" accidents probably carry less ceremonial connotations, and are therefore less severe in a religious sense, but conditions resulting from lightening, witchcraft, or other supernatural etiologies are severe, both physically and ceremonially.

With the exception of the corpus of supernatural causes, which in itself is an important difference, some attitudes toward the Navajo disabled by persons of their culture are not too different from Anglo attitudes. Avoidance of these persons is common to both cultures, but sympathy and protection of the handicapped can also be found in either group (see Clients E, G, and O). Self-isolation, pity, "covering", and other psychological actions can be found among Navajo clients (see Clients F, I, and K) as among other groups (see Goffman, 1963). As Observor B has remarked, individualism of Navajo and Anglo cultures produces wide variations in personal action or behavior, including that of the handicapped.

## Suggestions for Future Research

With such a preliminary study, nearly any suggestion for future work would be in order. A better sample and more complete case data for the group should be a first step of future work. Field informant data, which this study sorely lacked, should be gathered. A refinement of acculturation scale placement of clients and their families would yield more precise data for interpretation. The future researcher will undoubtedly add to the data in this report and a more thorough study is needed.

# APPENDIXES

## APPENDIX A. Navajo Ceremonials: Groupings, Associations, and Features (Adapted from Levy, 1962).

| Ceremonial Group | Functions | Symptoms | Etiological Factors | Length | Comments |
|---|---|---|---|---|---|
| Blessing Way Group | Preventative;<br>Blessing;<br>Dispells fears;<br>Used to cure only as last resort | None | None | 1 or 2 nights | Often used to finish a Life Way sing. |
| Holy Way Group | Curative | Colds, fever, injuries due to water, pain, and prenatal effects | Lightening, snakes water, eclipses | 5 and 9 nights | Sand paintings used: anthropomorphic figures painted on patient. |
| Mountain Chant Sub-group | Curative | Mental illness, fainting spells, delirium, mania, "Prostitution" | Snakes, bears, porcupines, frenzy witchcraft, owls, and other birds. | 5 and 9 nights | Same as above: hunchback in one chant. |
| God-Impersonator Sub-group | Curative | Head ailments, eye and ear ailments, "prostitution"; mania, sore throat, stomach ailments. | Deer | 9 nights | Most sings in this group involve masked dancers, *Yeibechai*. Winter months only. Includes night chant. |

APPENDIX A. (continued)

| Ceremonial Group | Functions | Symptoms | Etiological Factors | Length | Comments |
|---|---|---|---|---|---|
| Wind Chant Sub-group | Curative | Heart and lung ailments, sores and itching (as caused by cactus) | Wind, cactus | 2 and 5 nights | |
| Hand-trembling Sub-group | Curative | General sickness | Hand-trembling | | Recent origin. For curing sickness caused by hand trembling, mistakes by professional hand tremblers or those who are ill from involuntary trembling. |
| Eagle Trapping Sub-group | Curative | Body sores | Eagles | 5 and 9 nights | |
| Life Way Group | Temporarily curative | Accidents, sprains and bruises, etc. | Various animals | 2 nights | Relates to symptoms rather than etiology. Often repeated for relief. |
| Evil Way Group | Exorcistic | Dreams about evil spirits, diseases caused by evil spirits | Various evil spirits, "chį' įdi" | 2 and 4 nights | |

APPENDIX A. (continued)

| Ceremonial Group | Functions | Symptoms | Etiological Factors | Length | Comments |
|---|---|---|---|---|---|
| Purification from Natives, Sub-group | Exorcistic | Diseases of Kidney and Bladder | Red ants, evil spirits as the above. | 2 and 4 nights | |
| Purification from Alients, Sub-group | Exorcistic | Various sicknesses | All Non-Navajo things: people, "powers". | 2 and 4 nights | Includes Enemy Way involving Squaw Dance. |
| War Ceremonial Group | | | | | Obsolete |
| Game Way Group | | | | | Obsolete |

## APPENDIX B. Communications from Observers.

Observer A:

I doubt that there is much that can be considered as new concerning the attitudes of Navaho people toward physical or mental disabilities. I believe it is generally agreed that the people tend to shy from interaction or actual contact; certainly, those with mental troubles are 'verboten' sexually. There is ridicule and frankness which may be interpreted as indirect concern. There seems to be an identification of any less fortunate person with the crippled Beggar Boy of their mythology, who, in spite of his handicap, was prophetic and gave wise counsel. Recently I was present at a Chapter Meeting where a hunchbacked lad was being chastised for drunkedness and misbehavior; the reprimands were not too severe; rather, the harshness was discerned in remarks directed to the mother. Not only was she reminded that the current problem was her responsibility, but also that she should have done something years ago; the implication being that imperfections are not tolerated; the child should never have advanced to the stage and age he is--etc. Also, if an unfortunate is sponsored by an Anglo or a person of another tribe, this removes the stigmatism of tribal identification, lessens guilt feelings (indirect) and the situation can be ignored. Truly quite a solution!

Observer B:

First, of course, is the attitude toward disabilities in the mythology. The underlying premise in the mythology seems to be that the ordinary human will view the disabled with distaste, but that the supernaturals, at least when approached properly, will take pity upon them and help them. The classic example, of course, is the case of the Stricken Twins, but the heroes of most of myths relating to the origin of the different ceremonies find themselves in difficulties that usually involve physical or mental disability as well as poverty or other misfortunes. These heroes are true heroes, however, and in the process of overcoming their afflictions they not only gain physical perfection for themselves, but ceremonies of great value for their people. Two special situations of attitude should be noted in the legends. These are those of close relatives, who seem consistently to love the afflicted, and of minor animals and supernaturals which lack great power, but through their unsolicited pity are able to guide the heros through various trials and tribulations in seeking aid from the gods.

In present day Navajo religious practice the usual attitude of relatives seems to be to try to cure the disabled through whatever sings might be recommended by various native authorities. As to what might be their attitudes between these spurts of ceremonial activity when all effort is focused on curing the afflicted, I do not know, and it may vary greatly in individual instances. There is also a taboo or religious proscription against a lame or otherwise physically imperfect man participating as a masked dancer. While this probably has a mythological explanation, it is probably very functional in preventing a person who would be easily recognized in spite of the costume from appearing in the dances.

The best example that I can call to mind of a disabled person who was sung over repeatedly is that of a young man who was (probably still is) an epileptic. I encountered him at a sing which he was attending merely as a spectator some years ago at________, Arizona. He had a seizure while there and I drove him home with two Navajo friends who went along. One of these Navajos was fairly well acculturated and had lived a long time in Albuquerque and the other spoke no English and was an apprentice singer. Both were firm believers in Navajo religion. When we arrived at the home of the epileptic we found his parents there and went in. A long discussion, over an hour, followed, during which the parents discussed the case with my friends, telling which sings they had had performed over their son and asked for any advice we might have. This was not too long after news stories had appeared reporting a new pill which helped to control epilepsy, and I recommended seeing a doctor. I learned that he had already obtained pills from the Indian Hospital, but that he had considerable difficulty getting to the hospital when his supply ran out, and that none of the family seemed to have much confidence in the pills anyhow. The parents were much more interested in the ideas of the apprentice singer, for, despite his own unadvanced status as a singer himself, he was the son of a singer of great renown. Possible causes and cures as recognized by Navajo religion were discussed in great detail and the parents were obviously very concerned that they find the way to cure their son.

Another case with which I came in contact was that of W.H. who lives in the ------ area. He acquired a very persistent and seemingly permanent crick in his neck which attacked him sporadically. He had a number of sings, but the crick seemed to get continually worse until most of the time he would be seen with his head bent back and sideways over one shoulder. There was some skepticism among the Navajos as to whether his affliction was real or just put on, but it was finally decided to hold a full nine night Mountain Way for him. This must have cost both W.H. and his relatives a lot of wealth. The project, however, became one in which the entire community participated and seemed to develop great community spirit. The local Navajos took great pride in the fact that their community was to put up a Mountain Chant. Undoubtedly sympathy for W.H. was a factor, but religious motivation and group feeling were at least equally important. (Incidentally, I have never learned whether the ceremony cured W.H.)

It seems to me that the affections and obligations of kinship are of great importance to the disabled and it is apparent from the case of W.H. that an even wider group may respond to a need for aid, even when not particularly sympathetic to the individual himself, under some circumstances. The above has all been concerned with matters that were directly or indirectly of a religious nature, however.

Economic factors are of some importance. The average Navajo family has lived for many generations under precarious economic circumstances. The attitude toward congenital hip seems to be primarily economic, although tinged with religious overtones. A person who can contribute economically, regardless of physical disabilities, is generally esteemed. I have heard stories of two Navajo men in the past who, although so crippled they could not walk, were able to ride horses, and managed to accumulate sufficient wealth so that they have some prominence today in historical tradition. The effects of white culture and attitudes must be taken into consideration in dealing with Navajos today. I know at least one Navajo with congenital hip who is quite reluctant to discuss the condition objectively, with [Anglos] at least. It should be noted that he spent a good part of his childhood in Indian boarding schools. A tendency to feel unwanted may not be entirely a result of white influence, however.

Old age may not be a factor [which is not included in this study, but] I think that it sheds some light upon the matter. The traditional attitude is that one should learn at least some ceremonial techniques during his life so that when old and unable to perform physical labor, he will be able to support himself. Physical disability is not considered any bar to the profession of a singer. On the other hand, a person who has become senile and a real detriment to the family is not particularly loved, and I have heard of one case of shooting a senile grandparent.

Mental disorders of some sort, such as epilepsy, seem to be regarded strictly as sickness, but others may lead to suspicion of witchcraft. Mental deficiency of a low order which does not prevent participation in such tasks as sheep hearding does not seem to cause great trouble if the individual is a relatively hard worker. On the other hand, a mentally-deficient person who is unable to do any work is not wanted. My wife, who worked for the _______ _______ Welfare office for a time and also as a social worker for Public Health Service, tells of a Navajo mother who had an extremely deficient child. The mother asked if my wife liked the child, to which she responded yes, which prompted the mother to offer her the child.

I am inclined to believe that kinship ties, particularly the close ties of the nuclear family when re-enforced by mutual affection, are frequently the over-riding factors and that aid will be given to a disabled person even when there is no longer hope for any recovery and there is little or no economic contribution. More distant ties of distant blood kinship, clan and related clans, can probably be used to advantage--and should be taken into account. Since the aim of the [Rehabilitation] Project is to make the disabled again economically productive, it should meet with a good reception in most cases if presented in the right way, and [it may be possible] to use kinship ties as remote as merely those of related clans to get help which you need at times.

I want to close these remarks with the observation that Navajo culture is one that gives high value to individualism, probably as high as our own culture, although with some differences in emphasis and quality, so that [one] probably finds wide variation in individual cases, with a fair number of different but none-the-less culturally accepted responses possible in various situations, as well as a few that may be purely personal idiosyncrasies. I have found this often to be true in even the simplest and supposedly most standardized situations in dealing with Navajos.

Observer C:

Our recent work on Navajo epilepsies has not yet revealed any clear cut categories of diagnosis, self perception, etc. When you consider that Navajos do not class by symptom, and that we did not find any clear set of diagnoses of patients known to us as epileptics, I doubt very much that you will have a very easy time trying to figure out the attitudes and etc. toward such a broad category of problems as physical disabilities.

Epilepsy may be thought of [by Navajos] as the results of incest, and therefore would be more socially debilitating than the results of an accident or witchcraft. Yet very few epileptics have been diagnosed as "iich'aah" (the illness caused by incest or contact with a moth) and some cases of iich'aah said to come from incest did not exhibit any organic pathology. "But they would end up as iich'aah if not treated, perhaps twenty years later."

Hysterical, or conversion reaction, symptoms which took the form of epilepsy "hand trembling" or "Frenzy witchcraft sickness" were found among Navajo who were acculturated to the point that they knew nothing of the cultural aspects.

Psychological testing among hysterical patients revealed results close to those found in the general Anglo population, and we found the test results compatible with our other observations and [Doctors'] in general.

## APPENDIX C. Questions on Navajo Acculturation

Name:______________________________Sex_________________

Age:_________Married ( ) Single ( ) Divorce ( ) Separated ( )

Length of time off reservation:__________________________

Worked in Anglo society:________________________________

_____1. When was the last time you had a sweat bath?

_____2. If you were naked, would it embarrass you to be seen by another (man, woman)?

_____3. (Man) Would you rather wear jeans or dress pants? (Woman) In summer would you rather wear a squaw skirt or a cotton dress?

_____4. Would you rather marry a Navajo or an Anglo?

_____5. If you had a son would you rather choose a wife for him or allow him to choose his own?

_____6. Would you rather sit in a chair or on the floor?

_____7. If you had some unexpected money, would you rather buy some furniture or a horse?

_____8. Should a man sometimes help his wife wash dishes?

_____9. Would you like to have a job where you supervised several Navajo workers?

_____10. Would you marry a (man, woman) from your mother's clan?

_____11. Would you marry a (man, woman) from your father's clan?

_____12. Should a woman object to her husband taking a second wife?

_____13. If you were speaking to another Navajo who was able to speak English, would you rather speak Navajo or English?

_____14. If you were naked, would it greatly disturb you to be seen by a female member of your family?

____15. Would you rather be supervised on a job by a Navajo or an Anglo?

____16. Assume that you had done a fine piece of work. Would you be more satisfied by getting money for it or by having friends admire it?

____17. If you had a house with running water, would you want a toilet inside the house?

____18. Would you rather own a pickup or a car?

## APPENDIX D. Navajo Sobriquets: Adapted from Robert W. Young and William Morgan's *A Vocabulary of Colloquial Navaho*, U. S. Indian Services, Pp. 438-443, 1951.

These sobriquets describe some characteristics peculiar to disabled individuals, and they serve, at least locally, to single the individual out and identify him:

agodii - the stumpy one, the amputee

bila agoddi - the one with stubby fingers

bila tikiyhii - the one with spotted hands

bila taa ii - the one with three fingers

binaa doot iyhi - the one whose eyes are blue

dinechili - dwarfed man

doo yalti i - the mute

gaa agodi - the one with the stump of an arm

hastiin bigodii - the man characterized by a (defective) knee

hastiin bijeehkati - the deaf man

hastiin binaa adini - the blind man

hastiin chxq i - the ugly man

hastugaani - the man characterized by a (defective) arm

na nilhodii - the limper

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